



The North East Surgical Training Academy Spring Meeting 2019

Spring Meeting Report

Prepared by the NESTAC Conference Committee

6/26/2019

This report discusses the Spring Meeting of The North East Surgical Training Academy (NESTAC), which took place on Friday the 3rd of May 2019. This report will provide an overview of the meeting and present delegate feedback.

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Overview

The Spring Meeting for the North East Surgical Training Academy (NESTAC) took place on Friday the 3rd of May 2019 at The Institute of Transplantation in The Freeman Hospital. This event was hosted in conjunction with the North of England Surgical Society. The aim of the event was to provide a platform for surgical trainees and medical students to present their surgical research. The afternoon opened with refreshments and lunch in the atrium of the Institute of Transplantation. This provided a great opportunity for networking between colleagues and surgeons. Following refreshments, delegates were provided with an introductory talk to NESTAC by Mr. John Moir and Mr. Colin Wilson. A lecture was then provided by Professor Naeem Soomro about surgical research and research opportunities in the North East.

Delegates were then invited into one of two presentation sessions. Each session had two chairs who were consultant surgeons and speakers had five minutes to present their work. After each presentation, delegates would have two minutes to ask questions to the presenter about their research. Following each presentation, the chairs of the session would score the presenters based on their research, presentation skills and how they answered the questions. These scores were then aggregated to allow the conference committee to announce the winner of the medical student prize and the winner of the Feggetter Medal. After the presentations, the Pybus lecture was then delivered by Mr. Simon Bach.

This report aims to provide a description of the conference and summarise the conference feedback that was collected from delegates.

Timetable of the NESTAC Spring Meeting 2019

Table 1: Timetable for the NESTAC Spring Meeting

12:00 - 13:00	Buffet Lunch		Atrium		
13:00 – 13:05	Introduction to NESTAC – Mr. Moir		Lecture Theatre		
13:05 – 13:20	Surgical Research in the North East – Prof. Soomro		Lecture Theatre		
NESTAC Medal Session – Seminar Room		Feggetter Medal Session – Lecture Theatre			
Parallel Session 1 (13:20 – 13:55)					
Chair	Presentation	Time	Chair	Presentation	Time
Mr. Milton Ghosh	Rabiat Umar	13:20	Mr. James McCaslin	Kathrin Freystaetter	13:20
	Bronwyn Woodburn	13:27		Rebecca Martin	13:27
	Anna Bean	13:34		Dan Lin	13:34
	Sherilyn Chew	13:41		Sivesh Kamarajah	13:41
	Tim Chu	13:48		Sam Tingle	13:48
Break (13:55 – 14:10)					
Parallel Session 2 (14:10 – 14:45)					
Mr. Kenny Rankin	Joseph Battle	14:10	Prof Amar Rangan	Jignesh Jatania	14:10
	Raiyyan Aftab	14:17		Fadlo Shaban	14:17
	Michaela Paul	14:24		Michael Boylan	14:24
	Sai Wunnava	14:31		Helen Ingoe	14:31
	Andrew Calloway	14:38		Will Manning	14:38
Break (14:45 – 15:10)					
Parallel Session 3 (15:10 – 15:45)					
Mr Shaj Wahed	Shivam Rana	15:10	Mr. David Hamilton	Sudir Khannan	15:10
	Ruth Owen	15:17		Emily Thompson	15:17
	Withdrawn	15:24		Antony Sorial	15:24
	Will Doherty	15:31		Wadah Ali	15:31
	Mel Gough	15:38		Farah Fzka	15:38
Break (15:45 – 16:15)					
16:15 – 17:00	Pybus Lecture – Mr. Simon Bach		Lecture Theatre		

Conference Executive Committee

The conference executive committee worked extremely hard to ensure that the Spring Meeting was as successful as possible. Their hard work and support have been invaluable, and the conference would not be possible without them. Members of the committee included:

- Colin Wilson
- Deena Harji
- Ellie Irwin
- Emily Thompson
- Harry Carr
- Helen Ingoe
- Ibrahim Khaleel
- John Moir
- Lucy Bates
- Michael Goodfellow
- Pierre Ezuma
- Pooja Prasad
- Rory Morrison
- Ruth Owen
- Samuel Tingle
- Sivesh Kathir Kamarajah

Delegates

We had 78 attending delegates at the meeting. This was comprised of:

- 57 delegates
- 10 invited markers and speakers
- 11 members of conference executive committee

Delegates were not charged for their attendance at this conference. We utilised Eventbrite in order to monitor the number of delegates attending.

Following the meeting, delegates were e-mailed an electronic feedback form to fill in. This form was created using Microsoft forms which compiles delegate responses into an excel spreadsheet. All delegates who filled in the feedback form received a certificate of attendance. Delegates had a three-week window following the meeting to fill out feedback.

Delegate Demographics

Feedback was gathered following the conference using an electronic questionnaire created with Microsoft Forms. Out of 57 attending delegates, 43 returned the completed feedback form (75.4%). Their demographic information is summarised below in Figure 1.

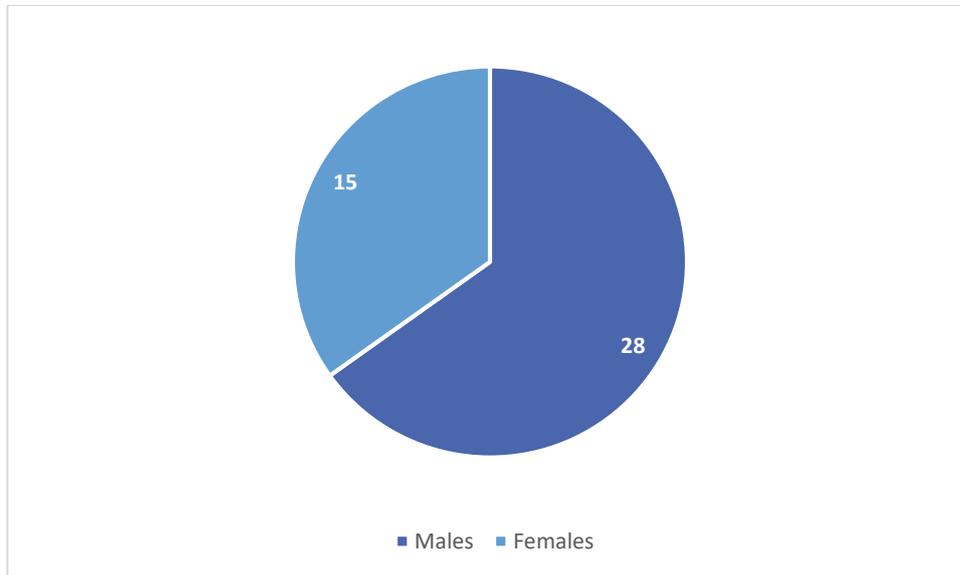


Figure 1: Sex of Feedback Respondent

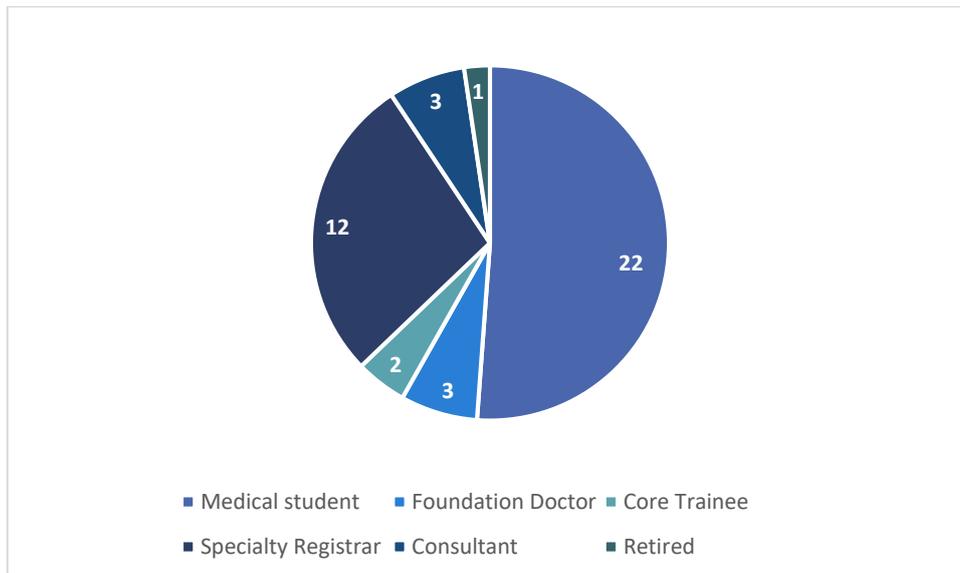


Figure 2: Delegates' Stage of Training

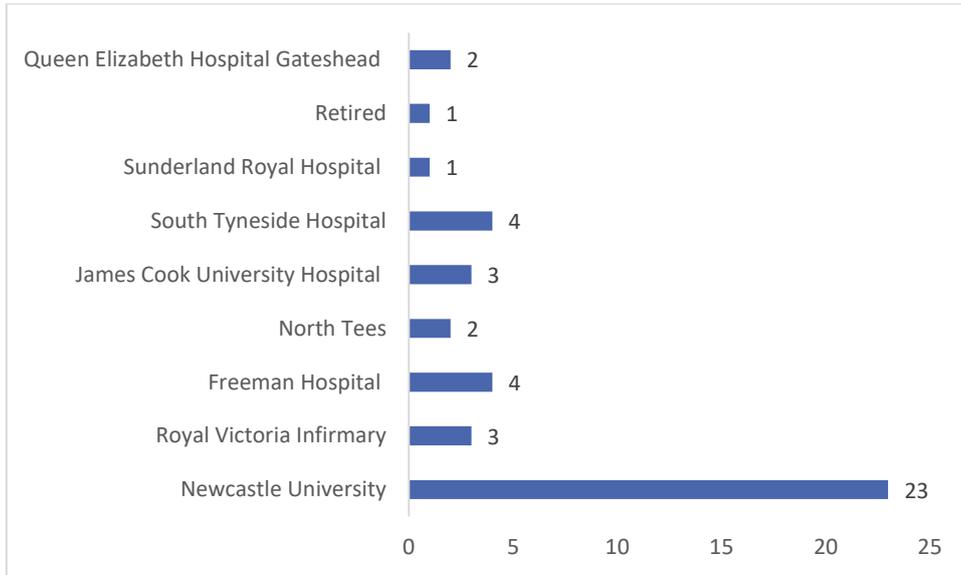


Figure 3: Delegates' Primary Place of Work

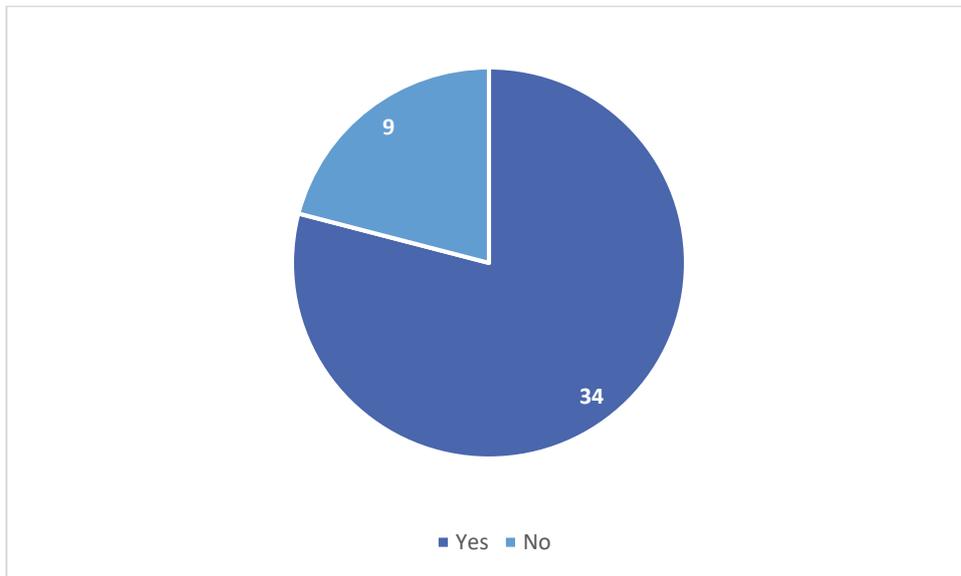


Figure 4: Response to the Question 'Prior to this conference have you previously been involved in surgical research?'

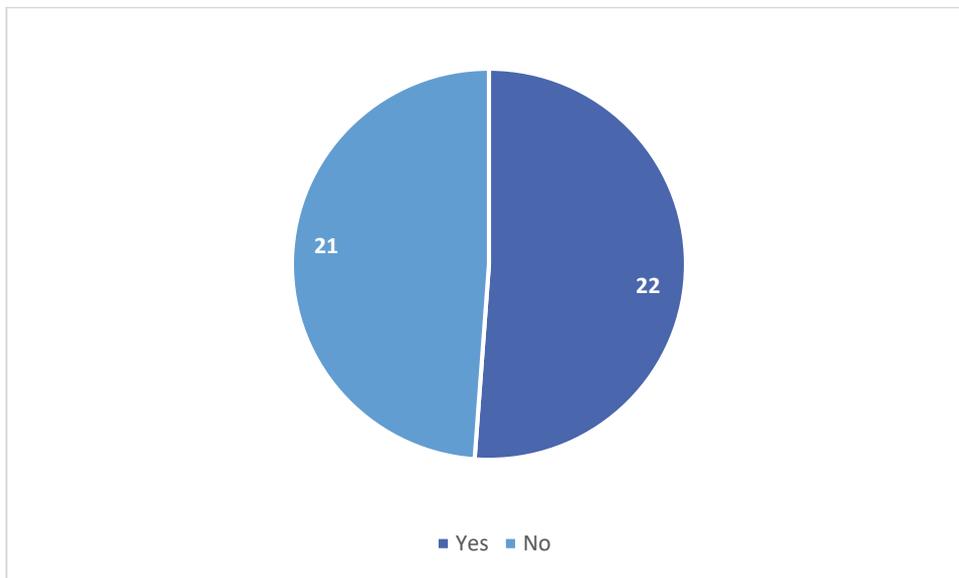


Figure 5: Response to the Question 'Have you submitted an abstract to this conference?'

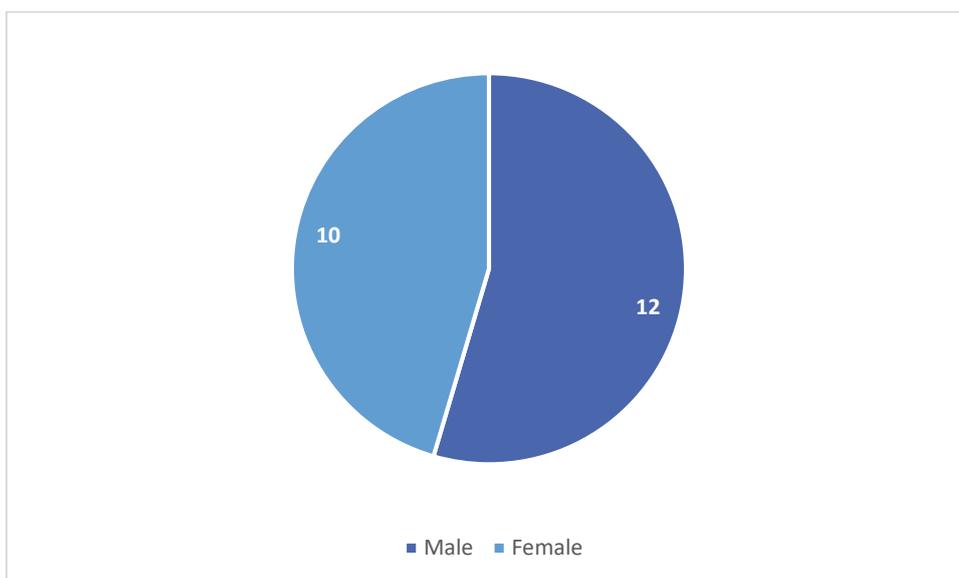


Figure 6: Sex of Delegates Presenting an Abstract

The majority of our audience at the NESTAC Spring Meeting were medical students studying at Newcastle University. However, we have further improved on previous meetings and managed to recruit greater numbers of junior doctors to our events. In addition, we have also managed to attract delegates from the South Tyneside Healthcare Trust and Teesside Healthcare Trust. Over three quarters of delegates at our meeting had previously been involved in surgical research and most delegates were also presenting an abstract at this meeting. Just over a third (34.9%) of delegates at this meeting were female. However, when we look at those who presented research, 45.5% of presenters were female.

Delegates were also asked for feedback about the conference. This feedback is summarised on the following pages. Feedback charts utilised a scoring system of 1 – 5, with 1 being very poor and 5 being very good. Furthermore, delegates were also given statements that they had to rate from 'Strongly Agree' to 'Strongly Disagree'.

Feedback Regarding Conference Organisation

The conference was hosted at the Institute of Transplantation at the Freeman Hospital in Newcastle. Lunch and refreshments were provided in the atrium on the 4th floor of the Institute of Transplantation. The introductory lectures, one free paper session and Pybus lecture were presented in the main lecture theatre in the Institute. The other free paper session occurred in the seminar room in the Institute of Transplantation.

Prior to the conference, delegates had a month-long period to e-mail their research abstracts of no more than 250 words to Mr. Colin Wilson. These abstracts were then collated, anonymised and marked by Mr. Colin Wilson, Professor John Dark and Mr. Neil Jennings. The delegates who had the highest scoring abstracts were informed that their abstract had been selected for a presentation at the conference. If a delegate declined the offer of presentation, that presentation space was then opened to the next highest scoring abstract.

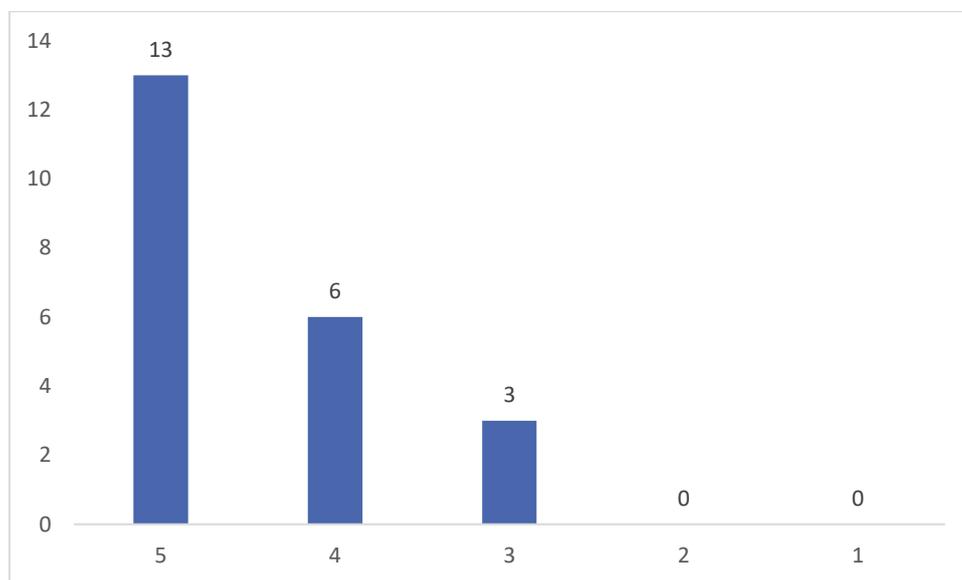


Figure 7: How would you rate the Abstract Submission Process?

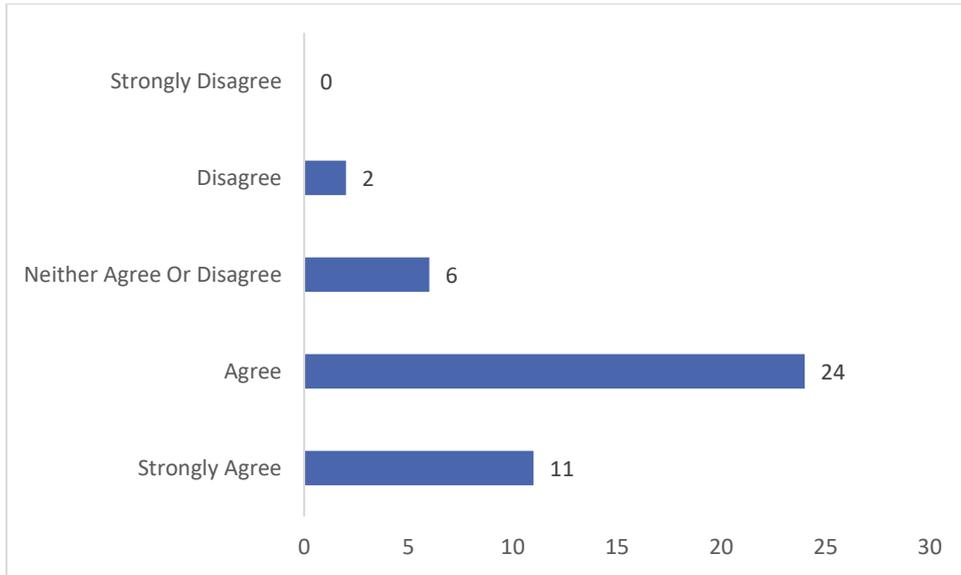


Figure 8: Responses to the statement 'The Registration Process was Well Organised'

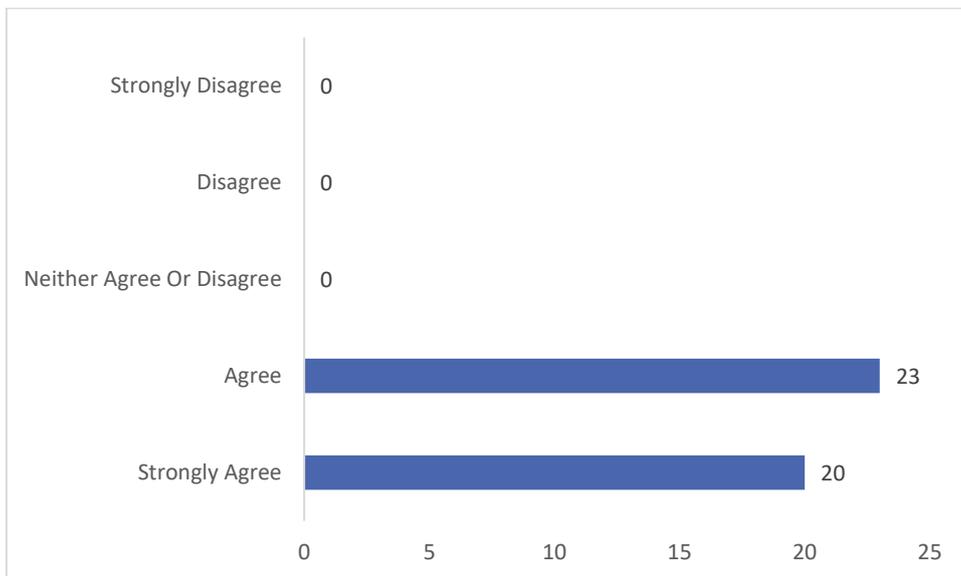


Figure 9: Responses to the statement 'The Venue was of a High Standard'

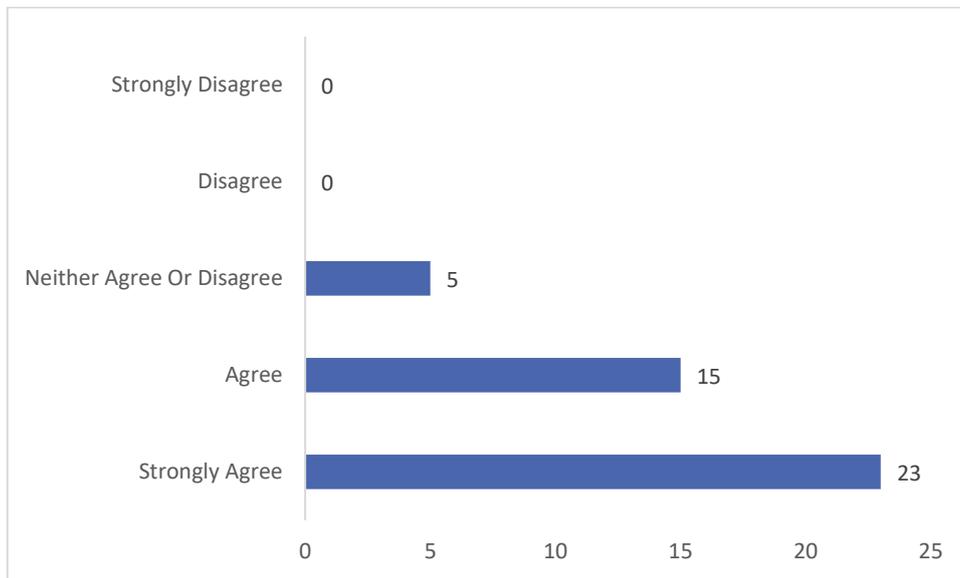


Figure 10: Responses to the statement 'The Refreshments were of a High Standard'

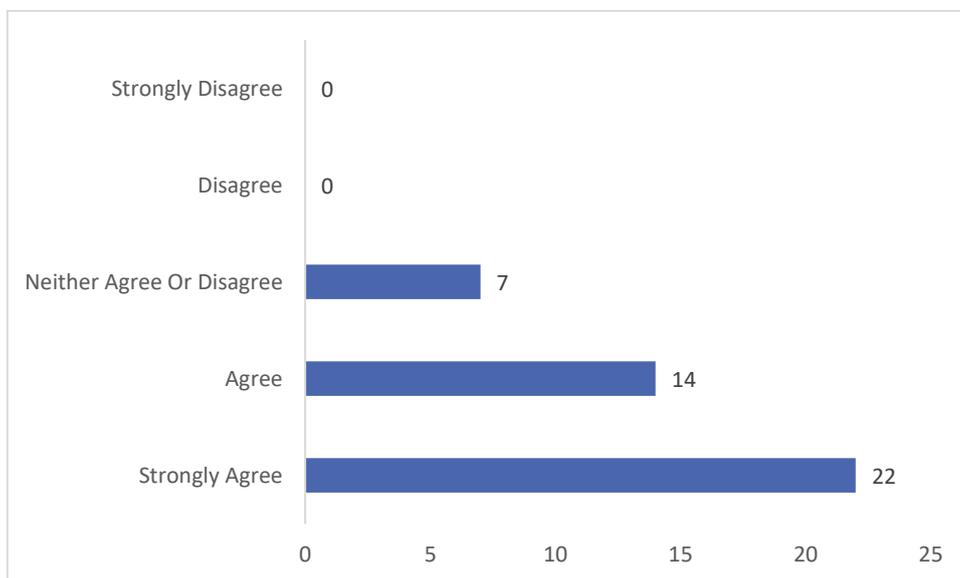


Figure 11: Responses to the statement 'The Lunch was of a High Standard'

Feedback on the Free Paper Sessions

The Free paper sessions were divided into two rooms. Presentations given by medical students were held in the seminar room, and presentations by junior doctors were held in the lecture theatre. Two prizes were awarded, The NESTAC Medal, for the best medical student presentation and The Feggetter Medal for the best junior doctor presentation. Winners of both prizes were presented with a medal and a financial reward of £250.

In total, 29 delegates presented over the course of the afternoon. We received feedback from 22 delegates who gave a presentation. These delegates gave presentations from research across the surgical spectrum. The titles of these presentations are shown in Table 2.

Furthermore, we also asked delegates what they liked about the presentations and what they feel could be improved about the presentation sessions. These responses are summarised in Table 3 and Table 4.

Table 2: Presentation Titles

Too fat for transplant?
The impact of anaemia in patients undergoing infra inguinal bypass for critical limb ischaemia
Failure of Stoma Acceptance I'm Functional Bowel Patients
An audit to evaluate record keeping within orthopaedics and trauma wards in James cook University Hospital
Comparing neurosurgical intervention survival outcomes for intracranial metastases in patients with known or unknown tumours
Elective enteric conversion of bladder drained pancreas transplant; a safe and effective operation
CT thorax findings in patients with early laryngeal cancer
Novel delivery of a cell therapy during normothermic machine perfusion
Inpatient smoking cessation
Emergency Laparoscopic Cholecystectomy for acute gallstone disease – prospective outcome evaluation study
A Review of The Management of Heavy Menstrual Bleeding (HMB) At Sunderland Royal Hospital (SRH)
Superior tibiofemoral load sharing in robotic assisted knee arthroplasty compared to a conventional manual technique.
Managing Primary Cutaneous Squamous Cell Carcinoma - The Need for Improved Guidelines and Risk Stratification System
Anaerobic Threshold as a Predictor of Post-Operative Outcomes in Adult Scoliosis Surgery: Three Year Audit
The management of T1 rectal cancer in the north east
Integrins - The culprit in Acute Kidney Injury?
An Audit on the use of a Calibration Marker for Neck of Femur Fracture – X-rays: A Useful but Forgotten Tool
Managing Primary Cutaneous Squamous Cell Carcinoma – The Need for Improved Guidelines and Risk Stratification System
An audit to evaluate record keeping in orthopaedics and trauma department within James Cook University Hospital

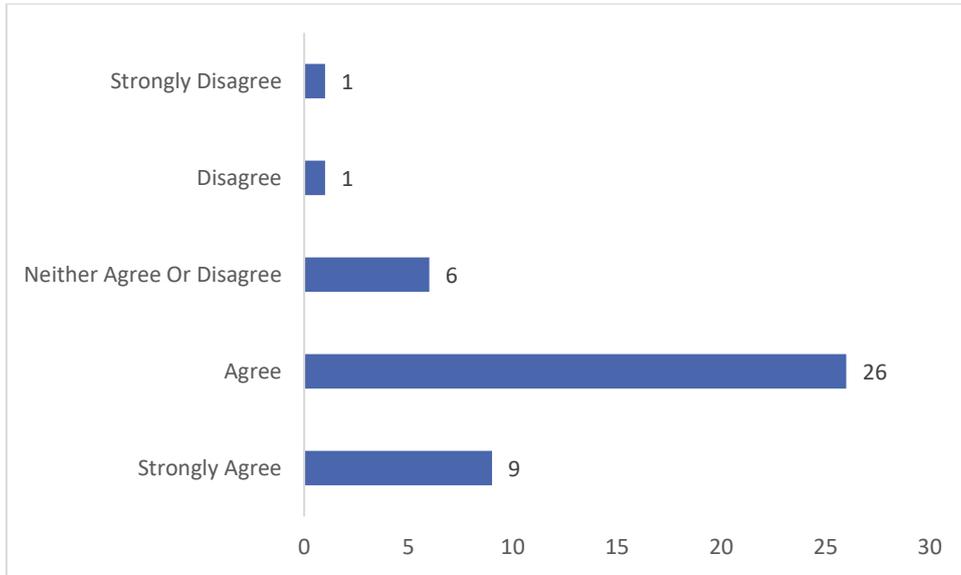


Figure 12: Responses to the statement 'The Research Presented was Relevant to my Training'

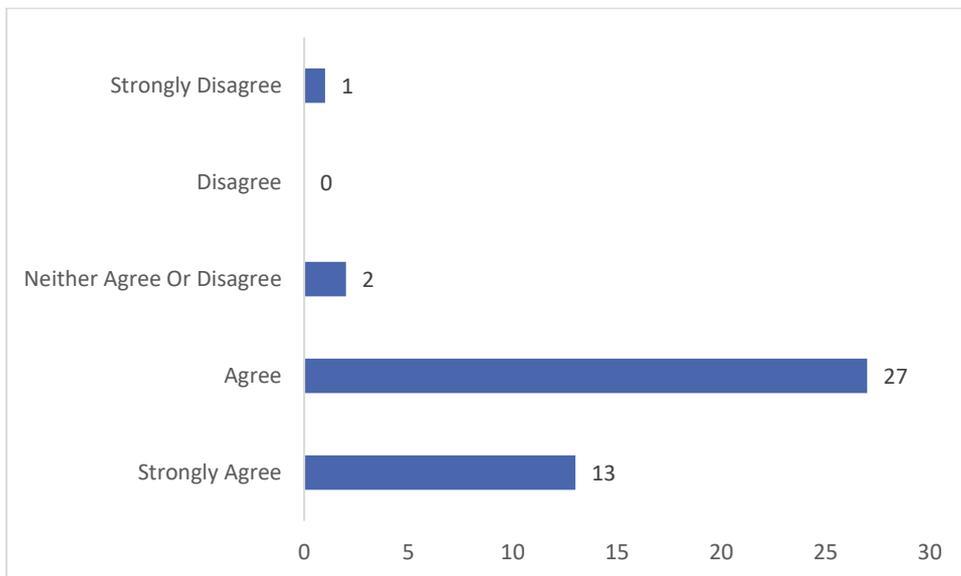


Figure 13: Responses to the statement 'The Research Presented was Novel and Interesting'

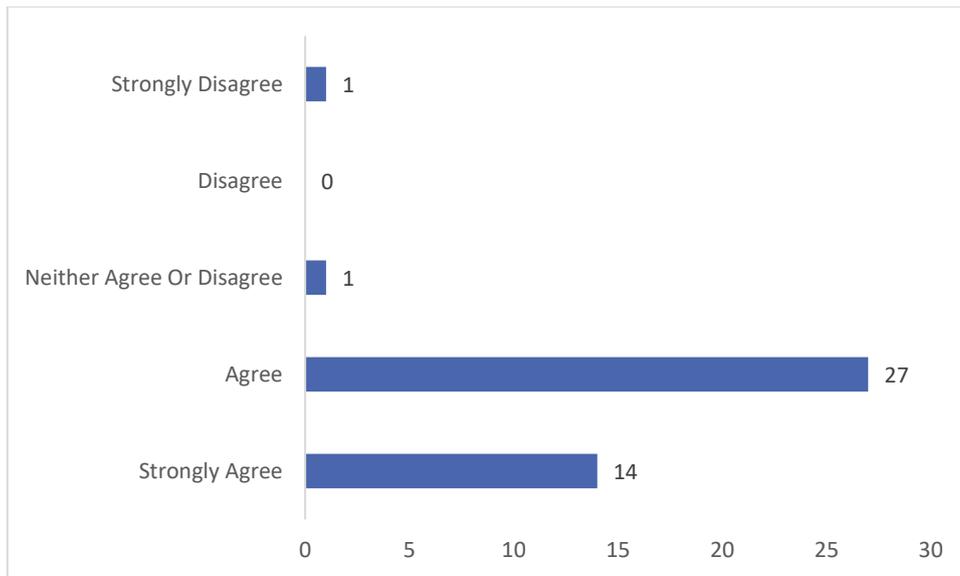


Figure 14: Responses to the statement 'There was a Good Selection of Research from Across the Surgical Specialties

Table 3: Summary of the White Space Question 'What did you enjoy about the presentations?'

Opportunities to see both trainees and medical students.
High quality research, good participation from senior surgeons of various specialties making the presentations more relatable
The medical students gave high calibre presentations that were very interesting and novel.
Good information and easy to access
Great standard and well-presented research across a range of sub-specialities
Enjoyed that there was a separate medical student section because it's interesting to see what peers are doing and build peer networks. It also meant presentations were pitched to an understandable level.
Being able to hear about the latest findings in a condensed manner
Good to see varied budding research ideas
Broad range of lab - genetic - clinical
Relevance to future surgical advances
Short and very informative
Good combination of clinical and basic sciences
Platform given to trainees to project their work. Meeting lots of friends and colleagues
Range of presentations with different areas of research
Great to see the work going on. Needed more consultants from Orth and other subspecialties.
Perhaps TPD's could try encouraging one from each unit.
Good split of student and trainee presentations
Great insight into surgical specialties
The short length of time meant they were short and snappy
The medical student section had a wide variety of research that looked at every specialty and it was fascinating to see the research being carried out in other fields.
There was a wide variety of presentations from various surgical specialties, giving a good snapshot of research being undertaken within the Northern region.
A good range of topics
Good length of presentations, interesting topics.
Good length and variety of presentations kept them interesting
Gave exposure to lots of surgical specialties
Great variety and range of specialties involved

As the white space answers show, delegates praised the variety of research presentations discussed and felt that they were representative from across the surgical spectrum. Delegates also enjoyed being able to see both lab-based projects and clinical projects. Furthermore, many of the delegates praised the split being student and trainee presentations as they felt they could view the presentations that were more pitched to their level.

In addition, several delegates liked the length of time of the presentations, they felt that there was enough time for presenters to demonstrate their work. Furthermore, by keeping the presentations succinct, it allowed more delegates to present.

Table 4: Summary of the White Space Question 'What do you feel could be improved about the presentations?'

Timings and consistency of judge between them.
More levelled at medial student too and provide contacts to get in touch with
Maybe fewer presentations and slightly longer (seven minutes rather than five)
Separated into sections by lab-based, pre-clinical and clinical research
More tailored selection of audits / projects to be presented ideally where it has made a clinical impact that could allow reflection and change in practice. Perhaps themed sessions focus ideas for audience.
Try to have students and trainees together
The date of the event would be better on the weekend
More breaks in between presentations
More general surgery topics relevant to my training
In T&O we have separated OOPR work form in training. Paid PHD work will most likely outstrip your jobbing SPR and gives an unfair advantage. Three streams (med student, OOPR and in program). It may seem a bit much but untimely you want to encourage as many to attend as possible. On that note coordination of the SPR training dates to highlight to all TPD's as a region we value research build that in so the NESTEC meeting is almost compulsory for trainees an expected part of their normal training program teaching requirement.
MAY BE ORGANISE SUBSPECIALITY PRESENTATIONS AS DIFFERENT SESSIONS
Maybe a bit more time for each presenter
7 minutes for presentation?
If there were announcements for people to arrive to lecture theatres on time, quite distracting when people walked in mid presentation, especially if prizes are available
5 mins is not enough time to give a presentation 10 min minimum time needed
Audio - microphones could have helped for some presentations. Having two projections of the same slides was distracting
More surgical specialities outside of general surgery.
maybe a bit more time
Timing
It would be useful to have a handout of abstracts
More clinically relevant topics
Perhaps a list before hand of which presentations in which sessions
Bigger venue for medical student to present with presentation mode on ppt to access notes

Delegates also provided their ideas for how to improve future meetings. Some delegates felt that a longer time should have been given for presentations, with some recommending seven minutes and others ten. Other delegates felt that the split of presentations between medical students and junior doctors was artificial and that the presentations should have been split according to other criteria, for example subspecialty or in programme research vs out of programme research.

For future meetings, it would be feasible to have medical students present alongside junior doctors in the same session, however, still have their marks collated separately for different prizes. However, it may be quite difficult to split presentations according to specialty because for some specialties, for example neurosurgery, only one person submitted an abstract that belonged to that specialty.

Notably, some delegates felt that there should have been microphones provided for the presentations, particularly in the lecture theatre which had a capacity of 100 people. This is a very fair comment and we will ensure that for future meetings, suitable amplification is available for speakers.

Impact

In order to assess the impact of our meeting, we asked delegates to rate both the accessibility of surgical research and their interest in surgical research prior to and after the conference. Graphs for delegates interest in surgical research and accessibility of surgical research are shown below.

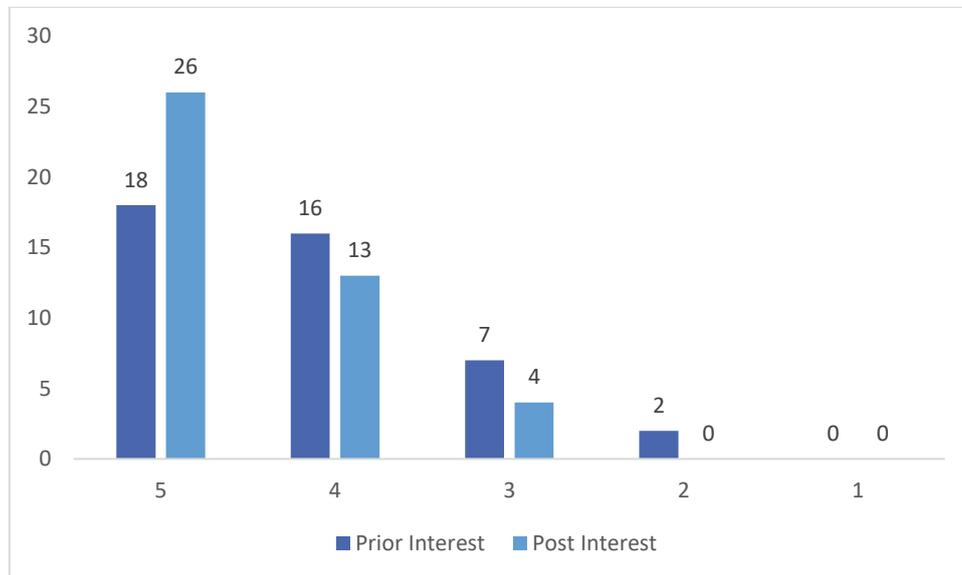


Figure 15: Responses to the statement 'Please rate your interest in surgical research' - pre-conference and post conference rating

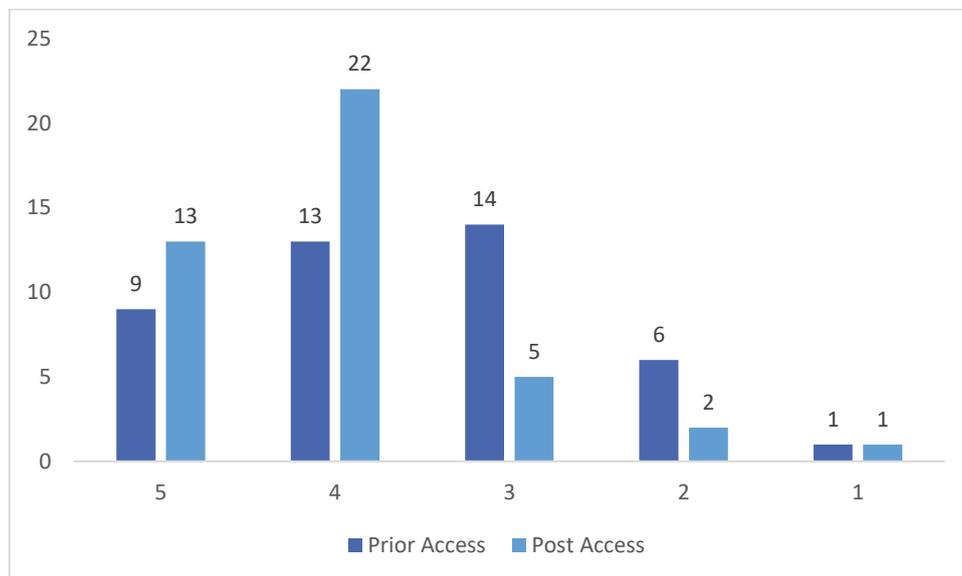


Figure 16: Responses to the statement 'How accessible is surgical research?' – pre-conference and post conference rating

In both instances, delegates felt that our conference had improved their interest in surgical research and improved their impressions on the accessibility of surgical research. The average score for interest in surgical research increased from 4.16 to 4.52. The average score for the accessibility of surgical research increased more markedly, going from 3.53 to 4.02. When the feedback data is assessed with a paired t-test, interest in surgical research significantly increased ($p = 0.0005$) and impressions on accessibility was also significantly increased ($p = 0.002$). We can therefore conclude that our meeting had a positive impact on delegates, because it increased their interest in surgical research and made them feel that surgical research was more accessible.

Overall Impressions and White Space Feedback

We asked our delegates to provide any comments about feedback for future meetings. Across the board, delegates were extremely happy with the NESTAC 2019 Spring Meeting. As our feedback shows, most delegates would recommend the spring meeting to a friend and were very pleased with the event. On average, our meeting had an average rating of 4.42 out of 5.

However, we always endeavour to improve our conferences and meetings for the future and therefore welcome white space answers on how to improve.

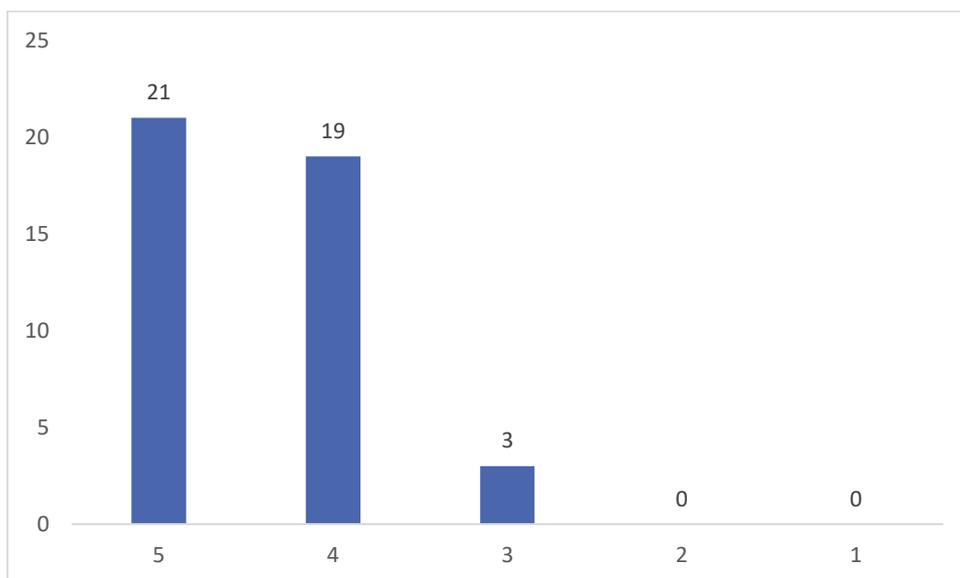


Figure 17: Overall, how would you rate the Spring Meeting?

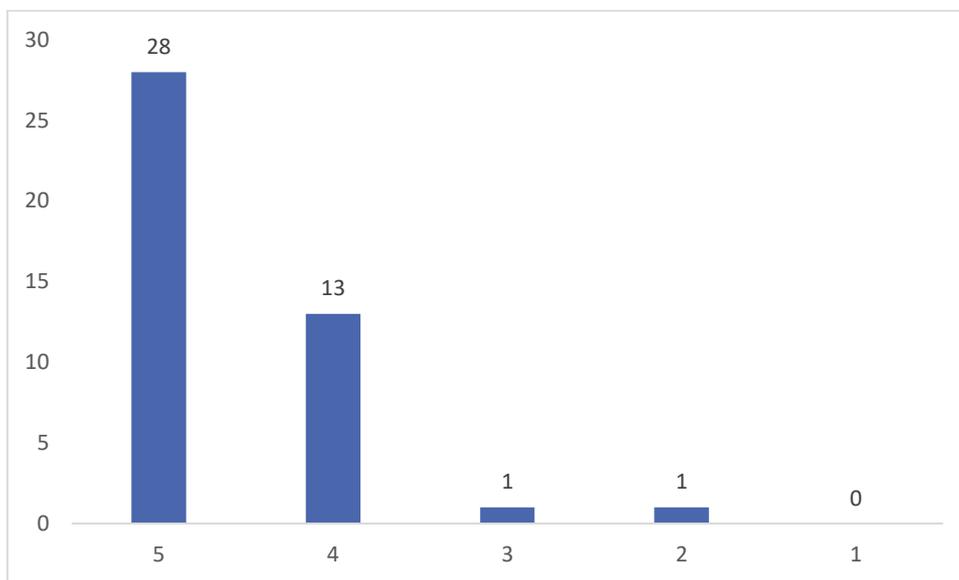


Figure 18: How likely are you to recommend this event to a friend?

Table 5: Summary of the White Space Question 'What worked well about the day?'

Fantastically organised
Ran to Time and good amount of refreshment breaks
The breaks in between each block of presentations were good as it gave me a chance to meet new people and network.
Nice mixture of networking opportunities, lectures and student/trainee presentations
Efficient time keeping, good variety of presentations, opportunity to meet surgeons who can facilitate research
The event went smoothly. Consultants from different specialties attended the event.
Frequent enough breaks so that I was able to stay attentive throughout all the presentations
Enjoyed the format, I thought the frequent breaks presented a really good opportunity for networking.
Networking
Organised in terms of timings and breaks.
Good food, good time keeping
Venue
Good timing, good range of topics
The flow of the talks and presentations
Good opportunity for questions
Good flow and well organised
Venue
Well run, interesting talks and very enjoyable
Well organised
Great organisation and opportunity to expand contacts

Delegates thoroughly enjoyed the day and particularly liked the timetable with frequent breaks to allow for networking opportunities. Furthermore, delegates also praised the wide range of specialities and levels of training represented at this meeting. They felt that this allowed them to make good connections for future research ideas and training opportunities.

Delegates also praised the organisation and timekeeping that was maintained throughout the day. The programme was designed to allow as many people to present their research as possible whilst also maintaining a good number of breaks for networking opportunities. Furthermore, the frequent breaks in the programme allowed presentation sessions to run over time, which is always a possibility, without impacting the overall structure of the meeting.

In addition, many delegates highlighted the venue, The Institute of Transplantation, as a great place to host the meeting. In previous meetings, we have used Newcastle Medical School and the catering facilities there. As we have received such positive feedback about The Institute of Transplantation, we will utilise this venue for future meetings, particularly as it is more accessible to many of the junior doctors in the Newcastle Upon Tyne NHS Hospitals Trust.

Table 6: Summary of the White Space Question 'What could be improved about the day?'

Further subcategorising the student's category as MRes research is of a much higher calibre than the 6 week audits the 4th year med students were presenting and felt like it was impossible to compare with regards to the competition.
Bigger room for medical student presentation
If surgeons have ongoing projects that are suitable for students to get involved in, it would be great if they uploaded to NESTAC website prior to the meeting so students can sign up and liaise etc.
Please send a programme out prior to the event.
Slightly shorter final talk/ shift that talk to the start of the day, as one gets tired after a long afternoon of presentations
Need to involve the trainees who are there for mandatory teaching more
Pre-conference correspondence with a save the date early in the year
The day could be moved to a Saturday to increase attendance
Avoid clash with teaching and make it an event on its own
The size of the room for the student presentations was quite small and could have been a bit bigger
The registration booth should be right near the stairs/lifts where the chairs are so people must register as they walk through
More speakers about the state of research in surgery
An empty table to put used plates, cups & saucers, at the lunch
I would have appreciated it if the programme was e-mailed out a few days in advance of the meeting.
Slight delay in pybus lecture beginning meant a delayed end to the day.
Maybe more time for presentations
Communication with organisers
Longer presentations
More structured and separate event for master students vs medical students

We also asked delegates how they think that we could improve for future meetings. Delegates highlighted that it was potentially unfair to allow medical students to compete with intercalating Master of Research (MRes) students for the NESTAC medal, as the MRes students have had six months of protected research time. Delegates felt that presentations given by MRes students contained more original research that was of greater quality than something achieved by non-intercalating medical students. This may be difficult to rectify as in the junior doctor presentations, doctors on a training programme were competing against those who were taking time out of programme to do research such as PhDs. Therefore, for fairness we would then need four separate

presentation sessions: Medical student, MRes, Junior Doctor in Training Programme, Junior Doctor Out of Programme Research (OOPR). This creates logistical problems regarding markers and rooms. Furthermore, it could mean that in a category there are a very small number of presenters competing for the same prize or that presenters are only sharing their research to a handful of delegates. Although this is something we can consider for future meetings, depending on abstract submissions, it would be difficult to implement and may cause additional problems.

For the future, delegates also asked that we send out the programme to them several weeks in advance. This is a very fair comment and we will ensure that the programme is completed and sent to delegates with greater notice. In addition, some delegates suggested a different date to avoid clashes with trainee teaching, such as a Saturday, or to make this event a formal surgical teaching event. We have previously organised meetings for weekends, and this has always been well received. In the future we could organise the Spring Meeting on a Saturday, however, we would have to ensure that this is acceptable with the Institute of Transplantation as the venue that is hosting us. Furthermore, we can also liaise with stakeholders in the Health Education North East to try to get our events recognised as dedicated teaching events for surgical trainees. This would also ensure that our events had a much greater reach to surgical trainees throughout the region.

Table 7: Summary of the White Space Question ‘Any final comments?’

Excellent day - I really enjoyed myself and am looking forward to next years!
Great demonstration of research being performed locally and a good opportunity to learn about the emphasis to place on areas for career development for a career in surgery
Great opportunity for trainees to submit abstracts, would probably suggest increasing accessibility to medical students interested in surgical research
Enjoyed the NESTAC spring meeting, it was good to network with other healthcare professionals and medical students
Thank you for a fantastic afternoon!
Really good day - thank you!
I also feel that research is not very accessible to non-academic trainees and this adds unnecessary stress to training. I believe it is difficult to come up with good ideas/audits in order to have 3 papers be published by CCT. I think the NESTAC website is a good idea, but I am not sure it will be of help in time for me as a more senior trainee. I think a training session on how to write up a paper and how to navigate the submissions process would be extremely helpful.
Really enjoyed the conference!
Great event, enjoyed it

Sponsors

Our conference was supported and endorsed by the following organisations. They enabled us to host the Spring Meeting and it is appropriate that they receive our acknowledgement and thanks for all their support.



Acknowledgements

The conference executive committee would like to extend their gratitude to the following people, who have been a great source of support and guidance for the meeting. We would not have been able to organise this meeting without their help, so we would like to thank the following:

- The Clinical Academic Office, Newcastle University
- The Royal College of Surgeons
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- Our speakers: Mr. Moir, Mr. Wilson, Prof. Soomro and Mr. Bach
- Our presentation and abstract markers: Mr. Ghosh, Mr. Rankin, Mr. Wahed, Mr. McCaslin, Prof. Rangan, Mr. Hamilton, Prof. Dark and Mr. Jennings
- Freeman Hospital Institute of Transplantation
- The North of England Surgical Society

Conclusion

In conclusion, the Spring Meeting was a success with positive feedback and high satisfaction reported by delegates. We would like to thank all involved for helping us to organise and deliver the Spring Meeting and we hope that The North East Surgical Training Academy continues to go from strength to strength.

